

# CALGARY PUBLIC LIBRARY EMPLOYMENT APPLICATION FORM

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: Residence: \_\_\_\_\_ Business/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

## AVAILABILITY AND JOB POSITION

POSITION (see over)	STATUS	HOURS OF AVAILABILITY							
<input type="checkbox"/> Customer Service <input type="checkbox"/> Librarian <input type="checkbox"/> Information Services <input type="checkbox"/> Library Shelver <input type="checkbox"/> Library Support <input type="checkbox"/> Specialist <input type="checkbox"/> Page (ages 14 to 17)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call <input type="checkbox"/> Summer Student		Mon	Tue	Wed	Thu	Fri	Sat	Sun
		From							
		To							

PREFERRED LOCATION:     Any branch     SW branches     SE branches     Specific branch(es): \_\_\_\_\_  
                                    Central             NW branches     NE branches    \_\_\_\_\_

## EDUCATION AND TRAINING

Area of Study and/or Major	Institution	Level Completed

## EMPLOYMENT HISTORY

**Current/most recent employer:** \_\_\_\_\_ **Dates of employment:** \_\_\_\_\_  
 Supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Your position and duties: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Dates of employment:** \_\_\_\_\_  
 Supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Your position and duties: \_\_\_\_\_

**Do you have any experience working in libraries?** \_\_\_\_\_

Are you legally permitted to work in Canada?     Yes  No    Do you have a criminal record?     Yes  No  
 Do you have relatives employed by the Calgary Public Library?     Yes  No    If yes, have you received a pardon?     Yes  No

## REFERENCES (preferably work-related)

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER

Library work is physical in nature. I understand that I may be required to pass a medical examination designed to take into consideration the work to be performed, and maintain the ability to physically perform this throughout my employment. I certify that the statements made by me are true and complete. I understand and agree that a false statement will disqualify me from employment or result in dismissal. I authorize the Calgary Public Library to contact my references.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_